

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

WILLIAM JOSEPH WEBB JR.,
Plaintiff,

CIV. ACT. NO. : 07-31-GMS

v.

FIRST CORRECTIONAL MEDICAL,
ET. AL.,
Defendants.

JURY TRIAL REQUESTED

PLAINTIFF'S FIRST SET OF DISCOVERY TO DEFENDANT CMS.

1. Any and all statements, descriptions of statements, summaries of statements, memoranda, records or writing (signed or unsigned) of any and all witnesses, including any statements from the parties herein, or their respective agents, servants or employees, including tapes or other mechanically transcribed information.



RESPONSE: Due to an investigation is going on and discovery from all defendants has not been completed in their respective manner, Plaintiff is going to defer this portion until a later time.

2. All photographs, recordings, films, charts, sketches, graphs and diagrams taken and/or prepared.

RESPONSE: Most of this request is already in Defendant CMS' possession, and the rest will be made at a later date.

3. Any and all reports compiled or prepared by an individual who has been retained as an expert in this matter.

RESPONSE: Plaintiff intends to file a motion with the Court for funds and/or appointment of an expert.

4. The names, home and business addresses of all experts contacted.

RESPONSE: James Ley	Marshall Williams	Susan Peluso	GI Consultants
537 Christiana Rd.	537 Christiana Rd.	550 Christiana Rd.	1001 S. Bradford St.
Newark, DE 19713	Newark, DE 19713	Newark, DE 19713	Dover, DE 19904

Julia Graff-ACLU DE
100 W. 10TH St.
Wilmington, DE 19802

5. All writings, memoranda, date and/or tangible things which related directly or indirectly to the incident and damages set forth in Plaintiff's Complaint.

RESPONSE: Plaintiff defers this request until a later date due to John and Jane Does along with Dr. John and Jane Does have not been identified and the full statements of other defendants have not been fully discovered, but you can refer to the attached documents as preliminary discovery.

6. Any and all copies of Internal Revenue Service Tax Returns for five full years prior to, and all years subsequent to the date referred to in Plaintiff's Complaint.

RESPONSE: Plaintiff has not filed any returns within the last five years prior to the filing of said Complaint, but did pay taxes on the sale of 33 University Avenue after the death of His Mother.

7. Any and all documents, records, evidence, and anything whatsoever which will be introduced at trial for use in direct examination or impeachment.

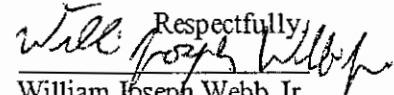
RESPONSE: Attached hereto with the exception of various statements and documents that have not been received yet by different authorities/experts.

8. Any document or thing the Plaintiff has read or referred to in preparation of any pleadings in the instant case.

RESPONSE: His medical file from both medical provider defendants in this case, Eighth Amendment U.S.C.A., various newspaper articles, some of the attached discovery.

The Plaintiff states anything that is not attached hereto is not to be taken as failure to make available for discovery where there are numerous factors that make total discovery available until all defendants have been identified, further investigation completed, awaiting medical records, and possibly an intervening party in a singular and/or plural manner.

Plaintiff William Joseph Webb Jr. under the penalty of perjury states that the foregoing facts are true and correct to the best of His knowledge on this 20th day of August, 2007.


Respectfully,

William Joseph Webb Jr.
#256056 / D/EF17T
1181 Paddock Road
Smyrna, DE 19977

AU/D

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 10/11/2006

GRIEVANCE INFORMATION - Appeal**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 23, Upper, Tier A, Cell 10, Bottom	

APPEAL REQUEST

Appeal arrived 10/9/2006. Appeal accepted, Cpl Merson did not collect grievances/appeals due to being out on leave.
 Appeal states: The reasons I should be granted a medical release from prison are:
 1. I'm being denied medical care that is below standard of care due to me in which on February 20. 2005 I almost died.
 2. The staff here is trying to cut corners in medical where I have Hepatitis C and again the doctor tried to shortch the procedures to gave money which could have proved deadly.
 3. On August 3, 2006 I filed a sick call slip the same day as this grievance being appealed was filed and have yet to be seen for medical attention, therefore I qualify to be released so I can get my own medical insurance, I don't need the staff trying to avoid serious situations and lying trying to avoid their job.
 4. Medicals actions amount to malpractice, gross and wanton negligence, I have been more then fair I need medical attention that is adequate not speedy to save money, I can get a job and get my own insurance.

REMEDY REQUEST

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

November 25, 2006

D/E F/L

Inmate WEBB WILLIAM J J
SB# 00256056
DCC Delaware Correctional Center
SMYRNA DE, 19977

Dear WILLIAM WEBB:

We have reviewed your Grievance Case # 14406 dated 05/19/2005.

Based upon the documentation presented for our review, we deny your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard
Bureau Chief

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J SBI# : 00256056 Institution : DCC
Grievance # : 14406 Grievance Date : 05/19/2005 Category : Individual
Status : Resolved Resolution Status : Level 3 Resol. Date : 12/06/2006
Grievance Type: Health Issue (Medical) Incident Date : 05/19/2005 Incident Time :
IGC : Merson, Lise M Housing Location : Bldg D-EAST, Tier F, Cell 17, Top

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I was to be scheduled for an ultrasound on my legs due to I have had cellulitis three times in my left leg and once in my right. My legs are still having swelling problems.

Remedy Requested : To have the ultrasound taken and have other tests performed to see what is wrong with my health

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 06/09/2005
Investigation Sent : 06/09/2005 Investigation Sent To : Wolken, Gina
Grievance Amount :

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 12/06/2006

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 17, Top	

INFORMAL RESOLUTION

Investigator Name : Wolken, Gina	Date of Report 06/09/2005
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Investigation Report : Will schedule you to see a medical provider
 Refused to sign

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 12/06/2006

GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

IGC

Medical Provider: _____ Date Assigned _____

Comments:

Forward to MGC Warden Notified

Forward to RGC Date Forwarded to RGC/MGC : 06/21/2005

Offender Signature Captured Date Offender Signed : _____

GRIEVANCE INFORMATION - Appeal**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

APPEAL REQUEST

Appeal due 10-23-2005. Appeal received 10-24-2005.

The reasons I'm appealing are:

1. I was denied medical attention because of a monetary purpose not a medical perspective.
2. I have life threatening issues.
3. My symptoms are the same as a person suffering poor blood circulation in the legs.

Relief requested: Immediate tests done on my legs to see if I have poor blood circulation in my legs, an ultrasound if necessary.

Respectfully Submitted,
Joseph Webb.

REMEDY REQUEST

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

REFERRED TO

Due Date : 03/08/2006 Referred to: Person Name: Welch, James

Type of Information Requested :

Grievant states he was promised a leg ultrasound he has not received.

DECISION

Date Received : 10/25/2005

Decision Date : 09/26/2006 Vote : Deny

Comments :

I/M diagnosed with chronic cellulitis and is his treatment is being followed on the chronic care case load

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 12/06/2006

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

MGC

Date Received : 06/21/2005

Date of Recommendation: 10/25/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Wright, Matthalina	Deny
Staff		Prather, Mary	Deny
Staff		McCreanor, Michael	Abstain

VOTE COUNT

Uphold : 0	Deny : 2	Abstain : 1
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TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

hearing held 10-20-2005.

Deny: Ultrasound was denied by medical director per patient. Inmate was seen 6-16-2005 and diagnosed with chronic cellulitis. Will be inserted in CC system.

D. Plante RN - deny

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

William J. Webb Jr.

Name (Print)

10/21/72

Date of Birth

D/E F 17

Housing Location

256056

SBI Number

January 13 2007

Date Submitted

Complaint (What type of problem are you having)?

I want testing for Meningitis and immediate
disbursement of the proper antibiotics or something
guaranteed in writing that the said inmate on the paper
did not have said ailment.

Will J. Webb Jr.

Inmate Signature

January 13, 2007

Date

The below area is for medical use only. Please do not write any further.

S: This facility is cleared - Ill

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Ill 1/18/07

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

W.H.3m Webb

Name (Print)

10/21/72

Date of Birth

D/E/F/17 F17

Housing Location

56056

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

I'm having severe pain
a recurrence of boils and need immediate
medical attention

Well Well

Inmate Signature

7/3/07

Date

The below area is for medical use only. Please do not write any further.

S: app'd a medical MD will be made

needed

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

RECEIVED

EDUCATIONAL MEDICAL SERVICES
DEPARTMENT OF CORRECTIONS
JULY 7 2007

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

2

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr.D/R FDT

Name (Print)

10/21/72

Housing Location

April 10 2007

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? I have a large lump on my right leg that isn't going away and a rash on my chest and buttocks.

I had this lump when I was last seen in February by Nurse Practitioner Janomi (not sure about spelling) — not a doctor as the sick call 1st stated.

Will J. Webb Jr.April 10, 2007

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: Scheduled sick call

RECEIVED

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

APR 12 2007

EDUCATIONAL MATERIAL
CORRECTIONAL MEDICAL SERVICES

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: DELAWARE CORRECTIONAL CENTER 1 2007

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

William J. Webb Jr.

PRINTED
15 SEP 2007
11-2007
15 SEP 2007

Name (Print)

10/21/72

Date of Birth

25605L

SBI Number

Housing Location

6/6/01

Date Submitted

Complaint (What type of problem are you having)? The doctor said it
the lump on my leg does not go down pit in my
Sick Call slip also I have a lump on my back
and boils on my buttocks that are not going away.

Will J. Webb Jr.

6/6/01

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: NSC scheduled for evaluation
by Medical

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

No.	Date
For	Webb Wm
Directions	Keflex 500mg by mouth twice daily with food finish all
Dr.	

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL** DENTAL MENTAL HEALTH

<u>William J. Webb Jr.</u>	<u>D/E F 177</u>	
Name (Print)	Housing Location	
<u>10/21/72</u>	<u>256056</u>	<u>6/6/07</u>
Date of Birth	SBI Number	Date Submitted

Complaint (What type of problem are you having)? The doctor said it
the lump on my leg does not go down put in a
sick call slip also I have a lump on my back
and boils on my buttocks that are not going away.

<u>Will J. Webb Jr.</u>	<u>6/6/07</u>
Inmate Signature	Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Webb, Victoria SBI # 251056

(Last, First MI)

Facility DCC Date 12/18/06

<input checked="" type="checkbox"/>	Chargeable Visit	\$4.00
<input type="checkbox"/>	Non Chargeable Visit	-0-
<input checked="" type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ <u>2.00</u>

Total Amount Charged To Inmate Account \$ 6.00

Health Care Staff Signature: Kathy Kiebel Jr.

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: / Date: / /

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Webb William SBI # 356056

(Last, First MI)

Facility DEC Date 9-5-06

<input checked="" type="checkbox"/> Chargeable Visit	\$4.00
<input type="checkbox"/> Non Chargeable Visit	-0-
<input type="checkbox"/> Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: KC

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: _____

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name John L. Johnson SBI # 156056

(Last, First MI)

Facility D.C. Date 8-23-06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____
Total Amount Charged To Inmate Account		\$ <u>0</u>

Health Care Staff Signature: KC

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: John L. Johnson Date: 8-23-06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name John Doe SBI # 123456789
(Last, First MI)

Facility BHR Date 8/23/07

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: A

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: John Doe Date: 8/23/07

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Werb, William SBI # 256053

(Last, First MI)

Facility DC Date 3/9/06

<input checked="" type="checkbox"/> Chargeable Visit	\$4.00
<input checked="" type="checkbox"/> Non Chargeable Visit	-0-
<input checked="" type="checkbox"/> Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: /

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Will / W.W.B. Date: 3/9/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name W-bb whitman SBI # 77-000000
(Last, First MI)

Facility DCC Date 8/23/06

<input checked="" type="checkbox"/> Chargeable Visit	\$4.00
<input checked="" type="checkbox"/> Non Chargeable Visit	-0-
<input type="checkbox"/> Medication Handling Fee (\$2.00 X _____)	\$ _____
Total Amount Charged To Inmate Account	\$ 0

Health Care Staff Signature: [Signature]

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: [Signature] Date: 8/23/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)

Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name WILLIE WILHELM SBI# 2526056

(Last, First MI)

Facility DOC Date 12-27-05

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account\$ 0Health Care Staff Signature: J. DILL/NP

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: X Date: 12-27-05

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Wk 3b, W. Wilson SBI # 5876452
(Last, First MI)

Facility DCC Date 11/20/05

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Wk 3b, W. Wilson Date: 11/20/05

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Willie Williams SBI# 251666
(Last, First MI)

Facility	<u>DCC</u>	Date	<u>8/16/07</u>
<input checked="" type="checkbox"/>	Chargeable Visit		\$4.00
<input type="checkbox"/>	Non Chargeable Visit		-0-
<input checked="" type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)		\$ <u>2.00</u>
Total Amount Charged To Inmate Account			\$ <u>6.00</u>

Health Care Staff Signature: Kathy Hodges

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Willie Williams Date: 8/16/07

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

William Webb D/R F17
 Name (Print) Housing Location
10/21/72 00256032 2/5/07
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Neck ~~red~~ antibiotics
due to the Staph infection is in my blood stream
and need to see the doctor.

Will J. Webb 2/5/07
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

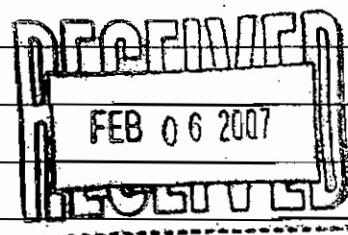
S: Scheduled = MID/MUP - 8m

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____



Provider Signature & Title _____ Date & Time _____

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr.

D/E F17T

Name (Print)

10/21/72

Date of Birth

256036

SBI Number

Housing Location

January 13, 2007

Date Submitted

Complaint (What type of problem are you having)?

Want testing for Meningitis and immediate
disbursement of the proper antibiotics or something
guaranteed in writing that the said inmate did not
have said ailment.

Will J. Webb Jr.

Inmate Signature

January 13, 2007

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

<u>William J. Webb Jr.</u>	<u>D/E F 17</u>
Name (Print)	Housing Location
<u>10/21/72</u>	<u>00256056</u>
Date of Birth	SBI Number
	<u>April 10 2007</u>
	Date Submitted

Complaint (What type of problem are you having)? I have a large lymph on my right leg that isn't going away and a rash on my chest and buttocks.

I have had this lymph when I was last seen in February by
Will J. Webb Nurse Practitioner - not a Doctor is Sick Call
1st stated - I am not definite

Inmate Signature

Date

April 10, 2007

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 06/13/2005

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location : Bidg 21, Lower, Tier A, Cell 7, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I was to be scheduled for an ultrasound on my legs due to I have had cellulitis three times in my left leg and once in my right. My legs are still having swelling problems.

Remedy Requested : To have the ultrasound taken and have other tests performed to see what is wrong with my health

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 06/09/2005
Investigation Sent : 06/09/2005	Investigation Sent To : Wolken, Gina
Grievance Amount :	

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location :Bldg 21, Lower, Tier A, Cell 7, Bottom	

INFORMAL RESOLUTION

Investigator Name : Wolken, Gina	Date of Report 06/09/2005
Investigation Report :	
Reason for Referring:	

Will schedule you to see medical provider.

Offender's Signature: Refused to sign.

Date : 6/14/05

Witness (Officer) : Gina Domales

Emergency Grievance

FORM #585

MEDICAL GRIEVANCEFACILITY: Delaware Correctional CenterINMATE'S NAME: William Joseph Webb JR.HOUSING UNIT: 21A-L7DATE SUBMITTED: October 10, 2005SBI#: 0025605L

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: Ongoing Situation

TYPE OF MEDICAL PROBLEM:

I have poor blood circulation in my legs, I have been intentionally denied the ultrasounds on my legs by Dr. Alvaro originally said I would receive them. I'm having problems with breathing and pains in my chest. I fear for my life because of the medical staff's sadistic manner. My health problems are life threatening.

GRIEVANT'S SIGNATURE: William Joseph Webb Jr.DATE: October 10, 2005

ACTION REQUESTED BY GRIEVANT: The ultrasounds completed by an outside specialist due to there are fund available, before I have to take other actions for me to protect my life and health.

DATE RECEIVED BY MEDICAL UNIT: _____

XC: U.S. Attorney General's Office

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585MEDICAL GRIEVANCEFACILITY: D.C.C.DATE SUBMITTED: May 19, 2005INMATE'S NAME: William Joseph Webb Jr.SBI#: 00256056HOUSING UNIT: Bldg. 21 AL7

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: March 11, 2005 until current date

TYPE OF MEDICAL PROBLEM:

I was to be scheduled for an ultrasound on my legs due to I have had cellulitis ~~three times~~ in my left and once in my right. The last time I was in the hospital I was denied tylenol and ice until my temperature rose to 104° by a Dr. A whoever that is, this was on February 20 2005. My legs are still having swelling problems and I have something going on with my lungs due to these denials of medical attention, negligence, and failure to perform duties.

GRIEVANT'S SIGNATURE: Will Joseph Webb Jr. DATE: May 19, 2005ACTION REQUESTED BY GRIEVANT: To have the ultrasound taken and have other tests performed to see what is wrong with my health.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Inmate Copy

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location : Bldg 21, Lower, Tier A, Cell 7, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I was to be scheduled for an ultrasound on my legs due to I have had cellulitis three times in my left leg and once in my right. My legs are still having swelling problems.

Remedy Requested : To have the ultrasound taken and have other tests performed to see what is wrong with my health

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 06/09/2005
Investigation Sent : 06/09/2005	Investigation Sent To : Wolken, Gina
Grievance Amount :	

Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Vargas, Rosalie	Housing Location :Bldg 21, Lower, Tier A, Cell 7, Bottom	

INFORMAL RESOLUTION

Investigator Name : Wolken, Gina Date of Report 06/09/2005

Investigation Report :

Reason for Referring:

February 20 to March 8, 2005 for stay at hospital

May 19, 2005 for filing of medical grievance

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION		
Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 14406	Grievance Date : 05/19/2005	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/19/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Lower, Tier A, Cell 7, Bottom	

APPEAL REQUEST

Appeal due 10-23-2005. Appeal received 10-24-2005.

The reasons I'm appealing are:

1. I was denied medical attention because of a monetary purpose not a medical perspective.
2. I have life threatening issues.
3. My symptoms are the same as a person suffering poor blood circulation in the legs.

Relief requested: Immediate tests done on my legs to see if I have poor blood circulation in my legs, an ultrasound if necessary.

Respectfully Submitted,
Joseph Webb.

REMEDY REQUEST

Inmate Copy

INMATE/PATIENT EDUCATION
RASH

Many things can cause rashes:

- Plants such as poison ivy
- Chemicals such as harsh detergents
- Some medications
- Infections
- Certain clothing and hygiene products

Often it is impossible to identify the cause of a rash.

Treatment for rashes is to remove what is causing the rash, if known, and to relieve the symptoms.

You should do the following things:

1. Wash or bathe in cool water only.
2. If you know what caused the rash, try to avoid it.
3. You may be given cortisone cream to apply to the rash 2-3 times a day. Use a little and rub in well. Wash your hands before and after applying the cream. Use for 3 days only.
4. The following are signs that infection may be starting:

- Increased redness
- Increased swelling
- Pus formation
- Increased warmth
- Red streaks
- Increased pain

If you experience any of these signs, return to sick call.

Return to sick call if your rash spreads or does not get better after using cream for 3 days.

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M.	Housing Location : Bldg 23, Upper, Tier A, Cell 10, Bottom	

MGC

Date Received : 08/29/2006

Date of Recommendation: 09/26/2006

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Deny
Staff		Heddinger, Brenda	Deny
Staff		Prather, Mary	Deny
Staff		McCreanor, Michael	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

Hearing held 9/26/2006.

Deny: According to med records it appears that inmate is receiving treatment for his medical problems.
Not for medical to determine his release due to negligence per inmate.

Inmate verbally informed of MGC decision and appeal form was supplied.

Appeal due 10/3/2006.

Correctional Medical Services

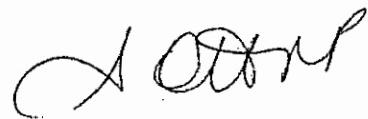
DATE: 04/05/06

FROM: MHU MEDICAL

TO: WEBB, WILLIAM 256056 MHU 23

RE: X-RAY

YOUR VENOUS DOPPLER STUDY SHOWED NO CLOTS. YOUR X-RAY WAS NORMAL.

A handwritten signature in black ink, appearing to read "H. O. H." or "H. O. H. M."

**AWARE DEPARTMENT OF CORRECTIONS
FOR MEDICAL/DENTAL SICK CALL SERVICES
ILITY: DELAWARE CORRECTIONAL CENTER
st is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

John Webb

Name (Print)

10/21/72

Date of Birth

D/E F175

Housing Location

00256038

SBI Number

January 2, 2007

Date Submitted

Complaint (What type of problem are you having)? Approximately a week and a half ago I was at sick call concerning a Staph infection, the nurse sent me back saying it was not, the even has gotten worse and with large bumps and pain, need immediate medical attention

Willie J. Webb Jr.

Inmate Signature

January 3, 2007

Date

The below area is for medical use only. Please do not write any further.

S: Dept. schedule — TUESDAY

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: Delaware Correctional Center
INMATE'S NAME: William Joseph Webb Jr.
HOUSING UNIT: 21ALT

DATE SUBMITTED: October 10, 2005
SBI#: 00256056
CASE #: 19264

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing Situation

TYPE OF MEDICAL PROBLEM:

I have poor blood circulation in my legs, I have been intentionally denied the ultrasounds on my legs by Dr. Ali who originally said I would receive them. I'm having problems with breathing and pains in my chest. I fear for my life because of the Medical staff's sadistic manner. My health problems are life threatening

GRIEVANT'S SIGNATURE: Will P. Joseph Webb Jr. DATE: October 10, 2005

ACTION REQUESTED BY GRIEVANT: The ultrasounds completed by an outside specialist due to there are funds available; before I have to take other actions for me to protect my life and health

DATE RECEIVED BY MEDICAL UNIT: _____
XCS U.S. Attorney General's Office

RECEIVED

OCT 12 2005

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

19264

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOV Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

- Vulgar/Abusive or Threatening Language. The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.

Disciplinary Action

Parole Decision

Classification Action

Request. Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.

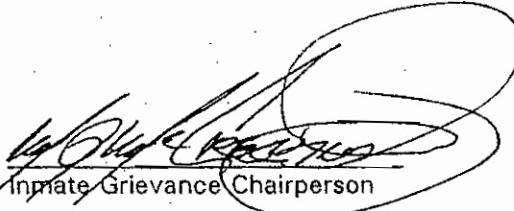
Duplicate Grievance(s). This issue has been addressed previously in Grievance # 14406.

Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

Expired Filing period. Grievance exceeds seven (7) days from date of occurrence.

You have already grieved and appealed this issue. It is now at the BGO level


Inmate Grievance Chairperson

OCT 26 2005

Date

**What does it mean to be Hepatitis C Positive?**

If you have hepatitis C virus in your blood, you are hepatitis C positive. Most persons with chronic HCV infection will remain healthy, but over time a small number of persons will develop serious liver disease. Talk to your health care provider about your personal health status and risk of liver disease.

How did you get Hepatitis C?

You have to mix someone else's blood with yours in order to get it, either by injecting drugs from a used needle, getting a tattoo from a used needle, or getting a blood transfusion. You might get it other ways, but having sex with someone does not often transmit it. Doctors do not think you can get it from just being around someone who has the infection.

Tests you may need to find out if treatment with medicines is an option for you.

- Chronic (long-term) hepatitis C is diagnosed using special blood tests that can detect the presence of the virus in the blood or the antibody to the virus.
- ALT is a liver enzyme – something that is produced by your liver and released into the blood. The level of ALT in the blood is increased when the liver is inflamed for any reason, not just hepatitis C infection. In some cases of hepatitis C infection, the presence of a high ALT value in the blood may indicate liver damage.
- A liver biopsy is the only way to tell for sure about the condition of the liver. A biopsy is a test where a doctor removes a small piece of your liver through a special needle and checks the piece of liver for damage.
- If you have very little inflammation on the biopsy, you will probably get no benefit from currently available medications. You should continue to see your health care team and ask questions. New medications are being tested that may help in the future.
- If the liver biopsy shows that you have cirrhosis, that is when your liver is scarred, there is no proven benefit from the medications, but there is plenty you can do to live a long life.

What treatment is available?

- Following a good diet, avoiding alcohol and drugs and periodic testing by your doctor. Medications are also available if you and your doctor decide your condition needs it.
- If you have chronic hepatitis C, there are two drugs that are currently available: Interferon and Ribavirin. Current drug treatment options are moderately effective. Newer medicines are being developed and should be available in the future that will improve treatment options. Talk to your health care provider to decide if medications are a good option for you at this time.
- Interferon is given by shots three times a week or by a new kind of shot once a week.
- Ribavirin is a capsule taken by mouth every day.
- The Interferon alone or both of the drugs are taken for up to 12 months.

Do the medicines "cure" Hepatitis C?

Getting rid of the hepatitis C virus depends on the virus type, the medicines given and individual responses to the medicines. Only about half of the people who receive the medicines will get rid of the virus. Doctors are still uncertain about who will get a good outcome from taking the medicines, and who will get sick from them. The decision to offer you medications is complicated and should be discussed with your doctor.

How will the medicines make you feel? (side effects)

- "Flu-like" symptoms— fever, muscle aches, and chills.
- Fatigue, which is feeling very tired.
- Feeling sick to your stomach (nausea) and loss of appetite.
- Being short-tempered (irritable) and depressed happens to some people.
- Difficulty sleeping and confusion can also happen to some people.

What will you need to do?

- You **MUST** be off drugs and alcohol and be evaluated by the health care staff.
- You will be required to have blood tests and if needed a liver biopsy.
- If you are considered for medications, you must promise (and sometimes be willing to sign a contract) to take the medications without missing any doses. This is necessary to make sure the medications have a chance to work.
- DO be willing to make a commitment (promise) not to do the actions that may have caused infection with hepatitis C.
- DO NOT shoot drugs, drink alcohol, have sex with other inmates, or get a tattoo or body piercings while in prison or after release.
- DO expect to talk with the Mental Health Staff before starting medications. Some of the medications can make some mental illnesses worse.
- DO NOT try to have children while being treated with ribavirin, and for 6 months after you stop taking it. Severe birth defects can happen.
- DO NOT share any personal items that might have your blood on them, things like toothbrushes, razors, dental appliances, etc.
- DO cover cuts and skin sores to keep blood from contacting other persons.
- DO talk to a health care provider about how you can reduce the risk of transmitting HCV to others.
- DO talk to a health care provider before you taking any new medications, even over the counter medicines like NSAIDs.
- DO seek medical attention once you are released so you can continue your treatment plan.
- DO NOT donate blood, organs, tissue or semen.

Received 4/19/06 after Dr. Niaz tried to give me
Interferon Shots

Original article:

<http://aolsvc.health.webmd.aol.com/content/Article/64/72317.htm>

Newly Diagnosed with Hepatitis C

Day One ...

We're here to help.

Most people are surprised to hear they test positive for hepatitis C. You probably feel fine. Your doctor likely ordered the blood test because of something that put you at risk: a blood transfusion before 1992, for example.

If you've tested positive on a hepatitis C antibody test, you'll need one or more new blood tests to confirm the result. Get that second test! Sometimes the first test turns out to be a false alarm. More often, however, a person who tests positive really does have hepatitis C infection. In this case, knowledge is power. You can do a lot to keep well.

Four out of five people with hepatitis C infection don't have any signs or symptoms. But that changes over time. Seven out of 10 infected people eventually develop liver disease. While fewer than 5% of infected people die of hepatitis C-related liver disease, it's a leading cause of liver transplants.

People get hepatitis C from infected blood. Right now, how you got the infection isn't as important as what you're going to do to keep from infecting others. Don't donate blood, semen, or tissues. Don't share razors or toothbrushes with family members. If you get a piercing or tattoo, make sure the artist or piercer follows good health practices. If you are an injection drug user, please get into a treatment program. If you can't stop, don't share needles or works with other people.

You can't spread hepatitis C by hugging or kissing, by sharing eating utensils, or by casual household contact. There's no reason to stay away from people at work or at play.

What about sex? The chances of spreading hepatitis C through sexual intercourse are small. Anal oral sex doesn't spread hepatitis C. If you have one steady partner, you need not change your sexual practices. But if you and your partner want to make extra sure, you may wish to start using latex condoms. Condoms aren't proven to prevent hepatitis spread, but they may reduce transmission if used correctly. If you have multiple sexual partners, it's wise to use condoms every time. You should also get vaccinated against hepatitis B.

Take a friend or trusted person with you when you go to see the doctor. This is not just for moral support. An extra pair of ears will help you remember important information.

As your doctor will tell you, there are new treatments that get rid of the virus in five out of 10 people. And there are things you can do for yourself:

- Stop using alcohol. If you can't stop, cut way back. Alcohol makes liver disease worse.

Get Help Here

- [Day One](#)
- [What Is It?](#)
- [How Do I Know I Have It?](#)
- [What Is Treatment?](#)
- [10 Questions to Ask Your Doctor](#)

More

- [Visit the Hepatitis C Site](#)
- [Get the Hep C Daily Newsletter](#)

- See your doctor on a regular basis.
- Check with your doctor before taking any new over-the-counter drugs or herbal supplements. Some of these products make liver disease worse.
- Talk with other people who have hepatitis C. Join a support group.

Yours in health,
Michael W. Smith, MD

Medically reviewed by Cynthia Haines, MD, July 2004.

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Original article:

<http://aolsvc.health.webmd.aol.com/content/Article/64/72318.htm>

Newly Diagnosed with Hepatitis C

What Is It?

Hepatitis C is a virus. It's not easy to catch. You can only get infected if blood or body fluids from an infected person enter your body. It spreads by sharing the needles or works used to inject drugs, by accidental needlestick injuries in health-care settings, or from an infected mother to her baby during birth. Other ways you might be exposed to hepatitis C-infected blood include sharing razors or toothbrushes with an infected person or by getting a tattoo or body piercing at a place that reuses needles. Some people got infected through blood transfusions or organ transplants before 1992. Since then, new screening tests have greatly reduced the risk of infection from a transfusion or transplant. Hepatitis C may also be spread through sex, although this is not very common.

About 4 million Americans -- 2% of the population -- have hepatitis C. Hepatitis C usually goes unnoticed for many years -- possibly up to 10 to 20 years -- and is often first discovered through abnormal liver tests found in routine blood work.

A few people shake off hepatitis C infection soon after infection. Most -- 75% to 85% -- get a chronic infection.

Eventually some seven out of 10 people with chronic hepatitis C infections will get liver disease. Fewer than 5% of people die of this disease. However, so many people are infected it's become the leading cause of liver transplants.

Medically reviewed by Cynthia Haines, MD, July 2004.

SOURCES: CDC, National Institute of Diabetes & Digestive & Kidney Diseases.

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  Help Here

- [Day One](#)
- [What Is It?](#)
- [How Do I Know I Have It?](#)
- [What Is Treatment?](#)
- [10 Questions to Ask Your Doctor](#)

  Help More

- [Visit the Hepatitis C Center](#)
- [Get the **Health Letter** Daily Newsletter](#)

Original article:
<http://aolsvc.health.webmd.aol.com/content/Article/64/72343.htm>

Newly Diagnosed with Hepatitis C

How Do I Know I Have It?

Symptoms of hepatitis C include:

- Jaundice, a yellowing of the skin and the whites of the eyes
- Feeling tired all the time
- Dark urine
- Abdominal pain
- Appetite loss
- Nausea

These symptoms appear in only 20% of patients. The only sure way to know if you have hepatitis C infection is to get a blood test. You should get tested if:

- You are an injection drug user
- You received a blood transfusion or organ transplant before 1992
- You are on dialysis
- You have an undiagnosed liver problem
- You are health worker who has been exposed to the blood of someone known to be infected with hepatitis C

If your blood test is positive for hepatitis C, your doctor may want to do a liver biopsy. It sounds scary, but it's pretty simple. The doctor uses a needle to take a small sample of your liver. This is the best way for the doctor to tell how much damage hepatitis C has done.

Children born to hepatitis C-infected mothers should be tested when they are 12-18 months old.

Hepatitis C can be spread by sex, but this is very rare. Your risk of infection is low if you are in a monogamous relationship with a partner who has hepatitis C infection.

Anyone who wants to get a hepatitis C test should ask his or her doctor.

Medically reviewed by Cynthia Haines, MD, July 2004.

SOURCES: CDC, National Institute of Diabetes & Digestive & Kidney Diseases.

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Original article:

<http://aolsvc.health.webmd.aol.com/content/Article/64/72344.htm>

Newly Diagnosed with Hepatitis C

What's the Treatment?

If you test positive for hepatitis C, you need to see a doctor -- even if you feel fine. The first step is to find out whether you have liver disease.

Even if there's no disease, you should talk with your doctor about whether treatment is right for you.

The state-of-the-art treatment is combination therapy. One part of the treatment is a new form of interferon called pegylated interferon alpha -- this medicine is injected weekly. The second part of the treatment is the antiviral pill ribavirin.

Treatment is no walk in the park. It lasts for 24 to 48 weeks. Both interferon and ribavirin have serious side effects. About 50% of people with genotype 1 hepatitis C -- the most common form of hepatitis C -- respond to treatment. About 80% of people with genotypes 2 and 3 respond to treatment.

If you've had hepatitis C for many years and already have extensive liver damage, you may need a liver transplant. This means having your old liver removed and replaced with a liver from an organ donor. It's a serious operation, but one that is lifesaving for many people.

If you choose not to be treated right away -- or if treatment doesn't get rid of your hepatitis C -- taking care of yourself becomes more important than ever before. It's very important to stop drinking alcohol and taking recreational drugs. Alcohol and drugs can kill liver cells. It's also important to check with your doctor before taking any kind of medicine or herbal remedy -- even if it's sold over the counter, and even if you've taken it before.

Fortunately, new treatments are on the way. It's likely that these new drugs will be used in combination with existing agents to improve the chances of a cure.

Medically reviewed by Cynthia Haines, MD, July 2004.

SOURCES: CDC, National Institute of Diabetes & Digestive & Kidney Diseases.

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Original article:

<http://aolsvc.health.webmd.aol.com/content/Article/64/72223.htm>

Newly Diagnosed with Hepatitis C

10 Important Questions to Ask Your Doctor About Hepatitis C

1. What can I expect to happen to me?
2. What treatments are available and suitable for me?
3. Should I start treatment right away?
4. What are the side effects of treatment?
5. What else can I do to minimize my chances of liver disease? Can I still drink alcohol?
6. Are there any supplements or over-the-counter drugs I should take or avoid?
7. Where can I find emotional support for my family and for me?
8. How can I expect this to affect my marriage or other intimate relationships?
9. How do I explain my diagnosis to friends and family?
10. Are there any clinical trials I could participate in?

[Start H](#)

- [Day One](#)
- [What Is It?](#)
- [How Do I Know I Have It?](#)
- [What Is the Treatment?](#)
- [10 Questions to Ask Your Doctor](#)

[Learn M](#)

- [Visit the Hepatitis Health Center](#)
- [Get the WebMD Daily Newsletter](#)

Medically reviewed by Cynthia Haines, MD, July 2004.

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**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

William J. Webb Jr. 23 AVIOT
10/21/12 00256036 Housing Location
Date of Birth SBI Number August 3 2006
Date Submitted

Complaint (What type of problem are you having)? I need my blood tested for lead poisoning, and an ultrasound done on my liver.

Wall, Jr. W.M. Jr.
Inmate Signature

August 3, 2006

The below area is for medical use only. Please do not write any further.

S:

O: Temp: Pulse: Resp: B/P: WT:

A

P:

E.

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

FORM #585MEDICAL GRIEVANCEFACILITY: D.C.C.DATE SUBMITTED: August 3, 2006INMATE'S NAME: William Joseph Webb Jr.SBI#: 0025605FHOUSING UNIT: 23 AVIOT

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: August 2, 2006

TYPE OF MEDICAL PROBLEM:

On April 19, August 2, 2006, Dr. Niaz asked the nurse about my H.I.V. and T.Tuberculosis tests' results which were supposed to be completed April 19 2006 or shortly thereafter. After reviewing my files I realized Dr. Niaz tried to start me on Interferon shots without following the proper medical procedures, such as a biopsy of my liver, Mental Health evaluation, and discussing my blood platelet levels, and also discussing ~~not~~ the possible side effects.

GRIEVANT'S SIGNATURE: William Joseph Webb Jr.DATE: August 3, 2006

ACTION REQUESTED BY GRIEVANT: An investigation why these actions happened and keep happening, also a recommendation for me to be released since I have been treated two years now with such gross negligence; Also why on February 20, 2005, I wasn't given medications and ice for my fever of 101.7° until it reached 104+° and my leg was bright red and the DATE RECEIVED BY MEDICAL UNIT: _____

Nurse put a heat pad on my leg, Dr. A. was the doctor the Nurse called,

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Medical Journal

August 2, 2006 - Dr. Niaz and Nurse

Found out April 19, 2006 was supposed to have an H.I.V. test and Tuberculosis tests didn't happen. Rescheduled two weeks to see the doctor to schedule biopsy.

Earlier this year Dr. Niaz tried to give me the Interferon shots without following the procedures and without seeing Mental Health.

August 3, 2006 - Filed Sick Call Slip requesting lead poisoning testing and ultrasound on liver.

April 3, 2006 - Filed Medical grievance on Dr. Niaz who tried to give me Interferon without following procedures, also on February 20, 2005 where Dr. A. denied me meds and TLC on my leg until my temp. rose to 104° and nurse put a heat pad on my leg.

~~August 9, 2006 - Had a check up
for my leg. I had a fever and chills.
for my liver.~~

August 23, 2006 - Saw Dr. Nielz,

He didn't say anything about my H.I.V. test results. Ordered that I see the regular doctor for my infection. put me on antibiotics and ordered me ~~to be~~ an ice bandage for my burnt leg.

September 5, 2006

Dr. Rogers, saw doctor unknown and a nurse KC doctorised she was going to put me on two more weeks of antibiotics and tests for lead levels.

September 26, 2006

Had Level 2 grievance hearing and they lied again saying I received adequate medical care didn't address the Hepatitis C issues.

December 8, 2006

I filled out medical sick call stating I have a staph infection.

Also received Grievance Appeal No.

14406 appeals denied
by Paul Howard about
ultrasound for my legs.

December 18, 2006,

Went to medical nurse said it was nothing
gave me a tube of ALD ointment charged me
\$6.00.

January 2, 2007

Filled out sick call slip.

January 9, 2007

Went to sick call, got some antibiotics (1 day supply)
and Brifitram

January 13, 2007

Filled out sick call slip to be
tested for Meningitis.

July 18, 2007

Saw Dr. Van Aussen, he said
that he was scheduling my liver biopsy
also ordered Cipro.

H.I.V. test came back negative.

August 13, 2007

I Wrote Vandesa a letter stating
I realized I have a case of M.R.S.A.
and need another 15 day supply of
Cipro.

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

February 16, 2007

F-17
DIE,

Inmate WEBB WILLIAM J J
SBI # 00256056
DCC Delaware Correctional Center
SMYRNA DE, 19977

Dear WILLIAM WEBB:

We have reviewed your Grievance Case # 60046 dated 08/03/2006.

Based upon the documentation presented for our review, we deny your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Richard Kearney
Bureau Chief

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 02/16/2007

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 02/16/2007
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: Dr. Niaz asked the nurse about my HIV and TB test results which were supposed to be completed 4/19/06 or shortly thereafter. After reviewing my files I realized Dr. Niaz tried to start me on Interferon shots without following the proper medical procedures, such as a biopsy of my liver, mental health evaluation, discussing my blood platelet levels, and the possible side effects.

Remedy Requested : An investigation why these actions happened and keep happening, also a recommendation for me to be released since I have been treated two years now with such gross negligence; Also why on 2/20/05, I wasn't given medications and ice for my fever of 101.7 until it reached 104+ and my leg was bright red and the nurse put a heat pad on my leg, Dr. A was the doctor the nurse called.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES **Date Received by Medical Unit :** 08/14/2006

Investigation Sent : 08/14/2006 **Investigation Sent To** : Rodweller, Deborah

Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION			
Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC	
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual	
Status : Resolved	Resolution Status: Level 3	Inmate Status :	
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :	
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 17, Top		
INFORMAL RESOLUTION			
Investigator Name : Rodweller, Deborah	Date of Report 08/14/2006		
Investigation Report : SEEN BY; DR DURST 3-29-06 DR NIAZ 4-19-06 NP OTT 6-16-05 BLOODWORK ORDERED 4-19-06			
Reason for Referring:			

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION		
Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	

IGC

Medical Provider: Date Assigned

Comments:

Forward to MGC Forward to Medical Provider Warden Notified

Forward to RGC Date Forwarded to MGC : 08/29/2006

Offender Signature Captured Date Offender Signed

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION			
Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC	
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual	
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top		

APPEAL REQUEST

Appeal arrived 10/9/2006. Appeal accepted, Cpl Merson did not collect grievances/appeals due to being out on leave.

Appeal states: The reasons I should be granted a medical release from prison are:

1. I'm being denied medical care that is below standard of care due to me in which on February 20. 2005 I almost died.
2. The staff here is trying to cut corners in medical where I have Hepatitis C and again the doctor tried to shorchtch the procedures to gave money which could have proved deadly.
3. On August 3, 2006 I filed a sick call slip the same day as this grievance being appealed was filed and have yet to be seen for medical attention, therefore I qualify to be released so I can get my own medical insurance, I don't need the staff trying to avoid serious situations and lying trying to avoid their job.
4. Medicals actions amount to malpractice, gross and wanton negligence, I have been more then fair I need medical attention that is adequate not speedy to save money, I can get a job and get my own insurance.

REMEDY REQUEST

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 02/16/2007

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION			
Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC	
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual	
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top		
REFERRED TO			
Due Date : 10/18/2006	Referred to: Person	Name: Welch, James	
DECISION			
Date Received : 10/11/2006			
Decision Date : 01/03/2007	Vote : Deny		
Comments :			
Grievance process is not the proper mechanism to apply for early release. I/M should utilize sentence modification process through court.			

GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION		
Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	
DECISION		
Decision Date: 01/04/2007	Vote : Deny	
Comments :		

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : WEBB, WILLIAM J J	SBI# : 00256056	Institution : DCC
Grievance # : 60046	Grievance Date : 08/03/2006	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Medical Staff	Incident Date : 08/02/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 17, Top	MGC

Date Received : 08/29/2006

Date of Recommendation: 09/26/2006

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Deny
Staff		Heddinger, Brenda	Deny
Staff		Prather, Mary	Deny
Staff		McCreanor, Michael	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

Hearing held 9/26/2006.

Deny: According to med records it appears that inmate is receiving treatment for his medical problems.
 Not for medical to determine his release due to negligence per inmate.

Inmate verbally informed of MGC decision and appeal form was supplied.
 Appeal due 10/3/2006.

Certificate of Service

I, William J. Webb Jr. hereby certify that I have served a true and correct cop(ies) of the attached First Set of Discovery Upon the following parties/persons:

To: Eileen Kelly
820 North French Street
Wilmington, DE 19801

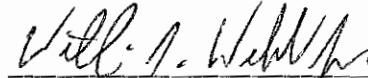
To: Patrick G. Rock
913 Market Street
Suite 800
Wilmington, DE 19801

To: First Correctional Medical
205 W. Giaconda Way
Suite 115
Tucson, AZ 85704

To: Dr. Ali
1301 East 12th Street
Wilmington, DE 19899

BY PLACING SAME IN A SEALED ENVELOPE, and depositing same in the United States Mail at the Delaware Correctional Center, Smyrna, DE 19977.

On this 20 day of August, 2007



William J. Webb Jr. #256056

INT. William Joseph Wells Jr.
SBIN 236056 UNIT 16 E17T
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



Clerk of the U.S. Dist. Ct
844 King Street Lock Box 19
Wilmington, DE

19801

"Legal Mail"